

**PARKS & RECREATION DEPARTMENT**

200 Brookview Parkway, Golden Valley, Minnesota 55426

Phone: 763-512-2345 Fax: 763-512-2344 TTY: 763-593-3968

www.goldenvalleymn.gov

ACTIVITY REGISTRATION FORM

If Participant(s) are under 18,

Parent/Guardian First & Last Name: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

E-mail: _____ Cell Phone: _____

Emergency Contact Name & Phone (if different from above): _____

Special Needs, Disabilities, or Allergies we should be aware of: _____

ACTIVITY REGISTRATION

Participant's First & Last Name	M/F	D.O.B	Grade	Activity Name	Activity Code	Date(s)	Time	Site	FEE

55+ SENIOR TRIP REGISTRATION

Participant's First & Last Name	Trip Name	Trip Code	Pick-up Site	Special Requests	Travel Companion/ Roommate Name	FEE

CONSENT TO RELEASE OF INFORMATION & RELEASE OF LIABILITY

In consideration of your accepting this registration for my child (or person I am responsible for as guardian), or myself, I authorize the City of Golden Valley to disclose to the City's insurer, attorney, staff, coaches, participants and other personnel involved in this program the following information: name, address and telephone number. This information shall be used for the purpose of program administration. This consent to release information shall expire one year from the date of execution. I understand that the records are protected under the state and federal privacy regulations. I also understand that I may cancel this consent by a writing to that effect at any time prior to the information being released. I give my consent to use any photograph or video tape taken of my child (or person I am responsible for as guardian), or myself for future promotional or marketing materials. In consideration of the City providing the registered activities, I agree to not hold the City liable for any claim resulting from participation in any such activity, including claims for injuries, death and resulting attorney fees. The completion of your registration signifies your acceptance of this consent.

PAYMENT TYPE:

() Cash () Check # _____

() VISA () MasterCard

Card #: _____

Expiration Date: _____

Signature for credit card payment: _____

TOTAL DUE: _____

OFFICE USE ONLY

FA \$ _____

GC \$ _____

Fee Paid: _____

Date: _____

Rec'd By: _____